

FMLA ALERT FORM

This form is to be completed by the Time Administrator for one of the reasons listed below.

EMPLOYEE: _____ PN: _____

TIME ADMINISTRATOR NAME: _____

PHONE #: _____ FAX #: _____

Check and complete one of the following:

- 1. Employee designated on FMLA leave
Date: _____
- 2. Employee began FMLA leave without pay
Date: _____
- 3. Employee has been on FMLA leave without pay and RETURNED TO WORK
Date: _____

IF APPLICABLE, RECOUPMENT PROCESS BEGINS WITH THE PAYCHECK OF:
_____.

CHOOSE OPTION: _____ Lump Sum Recoupment
_____ Number of Pay Periods

Employee Signature: _____

Print Employee Name: _____

- 4. Employee exhausted FMLA entitlement and REMAINS on leave without pay.
Date: _____

FOR HUMAN RESOURCE USE ONLY

Date FMLA Quota Entered: _____

Signature of Person Entering Quota: _____